Health Decisions, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Caudal Epidural Steroid Injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
An American Board Certified Anesthesiologist with 6 years' experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
Patient is a female who was injured at work lifting a 10 pound box at chest level and twisted. Date of Injury xx/xx/xx. She reported completing physical therapy in 2011 where she had 20+ sessions that she states increased her pain and that she had at least three ESI in 2012 with the Spine Team of Texas that provided mild to moderate relief.

02/14/12: MRI Lumbar Spine:
Conclusions: Mild to moderate spinal canal narrowing at L4-5. Varying degrees of neuroforminal stenosis as stated above.

06/25/12: MRI Lumbar Spine: Impression DDD with multilevel bulging discs. No severe central canal stenosis. Moderate left foraminal stenosis without obvious nerve root impingement L4-L5. Right lateral disc bulge L3-L4 without obvious impingement. Correlation with clinical findings suggested.

01/21/14: Progress note: According to the note patient complains of low back pain and needs refills on her pain medication. Patient reports that pain is not managed well with medications and the pain interferes with sleep and wakes her up ever 2-3 hours and requests surgical evaluation because ESI was denied. On Exam pt

appears to have significant muscle spasm, normal curvature of the spine. Patient reports Tenderness over the Left lumbar facets at L3-L4, L4-L5, L5-S1, Bilat SI joints, L more that R, paraspinal spasms present lumbosacral area, tender subcutaneous nodule present in the paraspinal muscles in the lumbar area Straight leg raising test: 30 deg on the left, 45 deg on the right.
Plan: Refill medications: Gabapentin, Zipsor, Potassium, Flexeril, and Tramadol. Pt's low back pain appears to be related to lumbar radiculopathy, facet arthropathy and sacroiliitis. She is most bothered by radicular pain and sx are getting worse. Will continue medications and follow up since she has been denied Lumbar injections.

02/24/14: Progress note: According to note patient now complains of "constant, severe throbbing, stabbing, lightning bolts shooting down her leg" Pt reports that pain interferes with her daily activities and sleep. Pain 10/10. Plan: continue medications and do not increase dosages. Patient's low back pain is related to lumbar radiculopathy, facet arthropathy and sacroiliitis. NP encourages patient to speak with her WC advisor to intervene on the patient's behalf.

03/25/14: Progress note: According to the note the patient complains of back pain that radiates to the L foot that is interfering with her daily activities and sleep. On exam tenderness over lumbar facets at L3-L4, L4-L5, L5-S1 bilat SI joints, L more that R. paraspinal spasms present lumbosacral area, tender subcutaneous nodule present in the paraspinal muscles in the lumbar area Straight leg raising test: 30 deg on the left, 45 deg on the right. ROM bending forward is 40 degrees backward bending is 15 degrees and painful, right lateral bending is 15 degrees and painful. Left lateral bending is 15 degrees and painful. Right rotation is 20 degrees left rotation is 20 degrees. Storks sign positive bilateral. Pattricks positive bilaterally. Pelvic distraction test positive bilaterally. Kemp test positive bilaterally.
Plan: She has been denied ESI injections and is requesting a surgical consult. Pt is reffered to for further evaluation and treatment, for now pt will continue current medications as directed and follow up in the office one a month or sooner as needed.

10/29/14: Progress note: According to the note patient complains of back and leg pain. Past medical history: Hypertension, Asthma, anemia, Emphysema, alcoholism and heart disease. Current medications: Zipsor, Gabapentin, Cyclobenzaprine, Hydrocodone, Lisinopril, Metoprolol, Omeprazole, and Hydrochlorothiazide.
On exam patient has pain in the left paraspinous at the L4-L5 and L5-S1 levels, as well as the left SI joint. She has 30 degrees of forward flexion and 5-10 degrees of back extension, both with pain when extension is more painful. Plan: Attempts at repeat injections have been denied. recommends moving forward with microdiskectomy/ laminectomy at L4-L5 on the left due to the combination of the lateral recess narrowing and disc annular tear and protrusion causing her radicular symptoms. She was not able to tolerate physical therapy and has not had any recent therapy due to her pain. She continues taking medication on a regular basis and has failed anti-inflammatory therapy, as well as requiring pain medications.

01/26/15: Progress note: The patient is 2-weeks post laminectomy/discectomy at L4-L5 on the left. She complained of 8/10 pain in the bilateral paraspinous and buttock regions. She has tried a Medrol Dose pack with no relief; she has completed antibiotics and is taking hydrocodone for pain. Plan: Post-operative MRI with contrast. Prescriptions for Tramadol, Robaxin and Valium were given to patient.

02/09/15: Progress note: According to the note this visit was approximately 1 month after surgery and patient is having pain while walking and is favoring the left extremity. Patient was hypertensive 164/107 and tachycardic heart rate 118. Patient has tenderness over incisions and slightly elevated temperature over incision area. She had negative indirect straight leg raise bilaterally and had decreased sensation in the left lower extremity in a nondermatomal pattern. Plan: Physical therapy after repeat MRI was approved.

03/04/15: MRI Lumbar Spine: Impression At L4- 5, post-surgical changes left laminotomy and medial facetectomy, diffuse disc bulging. Mild facet arthropathy. Nonenhancing extruded disc material posterior to the left L4 vertebral body in a left paracentral location. Narrowing the left lateral recess of L4, axial image 21, sagittal image 7. Additional nonenhancing discogenic material protrudes into the left neural foramen impinging upon the exiting left L4 nerve root, axil image 9 series 8, sagittal image 9. Spinal canal and right neural foramen are patent. Finding concerning for residual/ recurrent disc herniation. A L3-4, minimal right neuroforaminal secondary to disc bulging. Central canal and left neuroforamen are adequate.

03/11/15: Progress note: According to the note Patient was still in pain 9/10 and had no radiating leg pains. She was out of her medication Tramadol and Hydrocodone. On exam pt is tender over her incision area as well as bilateral paraspinous region at L5-S1 level. She also has pain over bilateral SI joints and left hip. She had negative straight leg raising bilaterally. She had positive Fabere and Gaensien's testing bilaterally. Sensory to light touch was intact and symmetrical in the lower extremities. There was 5/5 muscle strength in the bilateral lower extremities. Plan: Recommendation for ESI to help relieve pain so she may begin physical therapy. She was also given a prescription for Tramadol 50 mg.

03/27/15: UR:
Rationale: The patient was diagnosed with postoperative radiculitis. This is a review for the medical necessity of caudal epidural steroid injection. Pt HPI is low back pain with radiation, however there is no documented radiation/ radicular symptom to BLE on exam. Provocative maneuvers are negative (SLR). MRI shows patient s/p lumbar surgery, with residual extruded disc material at L4 which could cause radicular symptoms. The duration of conservative management / period post rehabilitation from recent surgical procedure not detailed in documents.

Determination: Based on the clinical information submitted for this review and using the evidenced based, peer reviewed guidelines referenced above, this request for caudal epidural steroid injection is non-certified.

04/13/15: Progress note: According to the note, Patient is not quite 3 months out from her microdiskectomy at L4-L5 on the left. She is reporting pain 7-9/10 low back pain. Patient is taking Percocet and Ultram ER and denies any radiating leg symptoms. On exam the patient has tenderness to palpation in the paraspinous region. There is no gluteal pain on palpation. She does have paraspinous tenderness bilaterally. She has worse pain with extension then flexion. There is more severe pain with extension and a combination of rotation. There is indirect straight leg raising bilaterally. Sensory to touch is intact and 5/5 muscle strength of the lower extremities. Postoperative MRI was re- reviewed. She does have severe loss of disc height at L4-L5 with what appears to be some foreminal protrusion and some intrusion from this level. There is fluid at the facet joints, as well as other levels. Plan: Re check in 1 month. Pending a ESI to help with her pain. She was given a Rx for physical therapy to do in Sulfur Springs 2-3 X weekly for 4-6 weeks, and a topical anti-inflammatory cream. Four X-rays were taken of the L-Spine.

04/17/15: UR Orthopedic Surgery:
Rationale: The medical records were submitted. This patient seems to have symptoms that are currently not being well managed with medication. The patient has been undergoing pain management treatment, but no physical therapy documentation has been included. The therapy in conjunction with pain management is a reasonable treatment regimen at this time and should be attempted before any further epidural. Therefore the certification for ESI is not recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld. There must demonstration of failure of conservative therapy in order to justify further therapy, particularly ESI. This claimant's medications have not been optimized. In addition, there is not documentation of physical therapy. A thorough description of failure of conservative therapy is required before further intervention. Therefore the certification for ESI is non-certified.

PER ODG:

Criteria for the use of Epidural steroid injections:
Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**